

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90116 027 \*\*\*150.00

DOCUMENT # L75894

1. Corporation Name  
WIN-GRAY, INC.

Principal Place of Business  
104 63RD AVE. W.  
BRADENTON FL 34207  
US

Mailing Address  
12110 SPANISH MAIN RESORT TRAIL  
THONOTOSASSA FL 33592  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1990

4. FEI Number

65-0198781

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TURNER, JAMES L.  
200 S ORANGE AVE  
SARASOTA FL 34230

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME WINTER, BETTY A.  
STREET ADDRESS 6343 HUMPHREY AVE  
CITY-ST-ZIP FLUSHING MI

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME GRAY, SHERRI L.  
STREET ADDRESS 1011 JENSEN LANE  
CITY-ST-ZIP HENDERSONVILLE TN

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 1735 Chapman Hwy.  
2.4 CITY-ST-ZIP Seneville, Tenn. 37862

TITLE V ☐ DELETE  
NAME ZANIBONI, KATHLEEN  
STREET ADDRESS 12110 SPANISH MAIN RESORT TRL  
CITY-ST-ZIP THONOTOSASSA FL 33592

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VTS ☐ DELETE  
NAME GRAY, WILLIAM A. S  
STREET ADDRESS 1011 JENSEN LANE  
CITY-ST-ZIP HENDERSONVILLE TN

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 1735 Chapman Hwy  
4.4 CITY-ST-ZIP Seneville, Tenn. 37862

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED KATHLEEN ZANIBONI

Date

Daytime Phone #

CR2E034 (11/98)